

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521919

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1				
3		0				
4		0				
5		0				
6		0				
7		0				
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	37	↖	0	↖		↖
TOTAL CLAIMS	38	⊞	1	⊞		⊞

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS		⊞		⊞		⊞